

# **Exhibit 1**

Small Claims Petition

NO. 255100125061

HONG YANG

Plaintiff(s)

§ In the Justice Court of Harris County, Texas

§ Precinct 5 Place 1

vs.

Raymond R. Ramos and Police Department

Defendant(s)

Plaintiff: HONG HOLLY YANG

Describe the legal nature of the plaintiff (e.g., individual, sole proprietorship, partnership, corporation)

Raymond R. Ramos Individual

Defendant: R. Ramos & Police Department

Address: 3203 S. Dairy Ashford Rd

City: HOUSTON

State: TX Zip: 77082

Date of Birth (if applicable):

Describe the legal nature of the defendant (e.g., individual, sole proprietorship, partnership, corporation)

Mr. R. Ramos is an extremely serious racial discrimination. He denied talk with me and false a police record.

\*Defendant may be served by serving Tim Markham / Director, Acron Water's / Supervisor (state the name of the defendant if defendant is an individual, or state the name and title of the person who is authorized to receive service of process for the defendant if defendant is a partnership, limited partnership, corporation, or limited liability company), who may be served at

125 East 11th Street, Austin, TX 78701-2483, 3203 S. Dairy Ashford Road, TX 77082

(state the address for service of process).

The defendant's usual place of business or residence, or other place where defendant can probably be found is 3203 S. Dairy

Ashford Rd. Houston, TX 77082, Police Department

Cause of Action

(State the cause of action in plain and concise language, sufficient to give fair notice of the claim and to provide enough information to enable the defendant to prepare a defense. You may include information showing venue is proper in the Justice of the Peace Precinct in which you are filing. If you are seeking personal property, you must describe the property and state the value of the property.)

I was involved in a fatal car accident at 10:10 PM on September 27th, 2024, when I turned left at a green light, another car flew over from the opposite side which supposed turned left on her side, but she straight forward, and hit my car, then the car continued to fly up for more than 10 meters and dropped near a parking lot opposite. The police office Mr. R. Ramos did not test the driver's alcohol, either test drugs, and charged

I was pass test, I was fault by witness.

I hurt and caused neck pain, back pain, waist pain, legs pain and ankles.

I am suffering severe depression, auditory and hallucinations. I have been hospitalization about 10 days and charged \$66,000. For Ambulance \$2400, Salary: \$2600, Mental Compensation: \$20,000, total: \$20,000.

Respectfully submitted,

Hong Yang

Signature of Plaintiff or Plaintiff's Attorney of Record

Address: P. O. Box 36067, TX 77238

Telephone: 832-302-0908

Fax Number:

E-Mail Address: 10Seyeng0324@yahoo.com

Printed Name: HONG HOLLY YANG

State Bar No.

Plaintiff consents to the e-mail service of the answer and any other motions or pleadings to this e-mail address.

# A fated police Report

Hong Yang 832-302-0908  
9409 Fondren Road , Houston TX 77074  
Case Number:0136920524R

Dear officer:

My name is Hong Yang. My purpose for writing this letter, because the police officer whose name is Mr. R. RAMOS, he wrote the police report entirely wrong.

I had a very severe accident on 27, September, 2024, about 10:10 pm. When I just started driving across the middle of the road and turned left , a red car, Hyundai, suddenly appeared like a bullet with speed over 150 miles to flight on me, and hit my car, then it continued flew out to the another side of the road, and it dropped in front of a parking lot on the another side across the road.

Maybe you will ask how did I know that the speed was over 150 miles? Because I have been seen a lot of severe accidents, and some caused died, but usually two accidents' cars hit together, and staying in the same location. That was the first time I saw the another car could be flight, and it's happened on me!

Let me put a detail about the accident: on September 27 night 10 o'clock, I finished working and I drove my car about 3-4 miles to the Rogerdale Road and Westpark Dr, it was a two-ways road or two lines road, in front of the traffic lights, appearing additional short road which was only for left turn, and I was going to left turn. When I arrived location for the left turn which was the center of the road, the traffic light just became red light .

Maybe I had waited for 30 seconds but I felt waiting 2 minutes, and I saw opposite crossing the road as the same location as mine who was going to left turn from its location. When I started left turn with green light, and I found the car from opposite road didn't left turn instead of straight pass and road, I slowed speed to let it pass, when that car just passed me and it's tail was beside to my driver's side, I was facing that car's original location, and I saw nothing other car, it seemed like a black hole that car left there, but suddenly another car flew over and face to face hit at my car. At that time, it was still green light, the cars from other roads were still waiting for the lights. At the accident moment that my car was in the center of two cars, and I felt like I was done. But the car I had yelled who was continuing driving. After a few minutes later when I got out of my car, an Asia elder lady already got off the her car and waiting for me beside my car, I saw her car parked beside the road with flashing lights, an Asia old man was standing beside car. I looked around and didn't find another car which was hitting me, I thought the car escaped after hitting me. I asked the lady if she saw someone, she didn't answer me. Then a loudly voice came out from farther away, I saw a red car dropping to opposite cross road nearby parking lot, and I couldn't believe that was the car which hit me and dropped so far. I walked to that car, I didn't see any parts dropping off the road either no any marks for emergency breaking, the road was very clean except around my car that dropped parts around it. When I reached the accident red car, I just found that the parts dropped round car at that location. A young girl crazy yelling at me without language, except yelling, about other three young kids were staying with her. The Asia Lady started taking photos, I asked her if she can become my witness , but she still didn't answer me, she only talked with her husband with a little bit sound, I entirely couldn't hear what they talked about. I was thinking maybe she was a Chinese, but she didn't willing talk to me, so I didn't ask her. Later on, I was thinking that maybe she didn't know English or she recognized taking wrong road, and didn't want to involve the problem.

Right now it's four months passed, and no anyone handles the accident, because the police officer, Mr. R. RAMOS used a simple police report to give a simple explanation, the police report said because I passed red light, and he talked with a witness, and no necessary talking with me!

There is a map in the police report , with drawings the accident cars' location, the drawing pictures entirely wrong picture. In fact when the accident happened there were three cars together. So any witnesses who were not seen three cars together on the road at e accident moment that all lying.

The severe accident caused me in deep depression, when I saw some cars over speed driving, and I started shaking. I am nervous from other cars if who was not paying attention and hit me, the police will say I was passing the red light. I have auditory and visual hallucinations

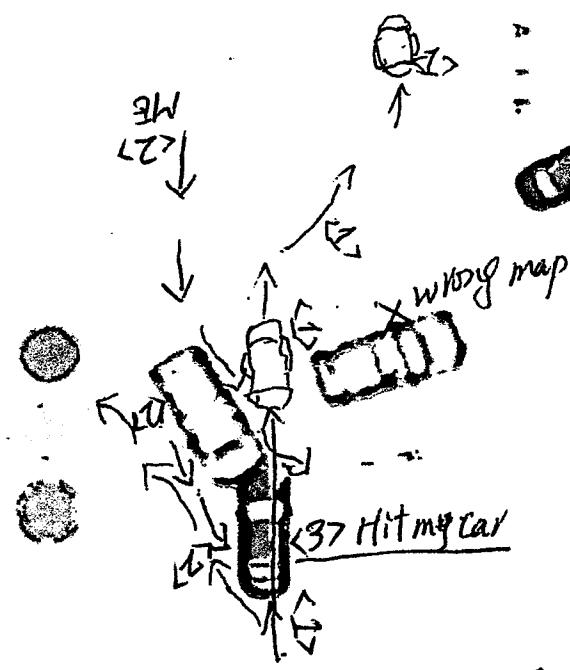
But because of the fake police report, I didn't get any compensation.

I am a victim of this car accident, and not only have I been deprived of my right to compensation, I have also been deprived of my right to speak.

I just came out from UHS Behavioral Hospital of Bellaire. I stayed there 9 days. My emotions become better, I understand that I have to do something to help myself. If my case is not belonging to your department, please give me a correct department.

Sincerely! Hong Yang  
02/07/2025



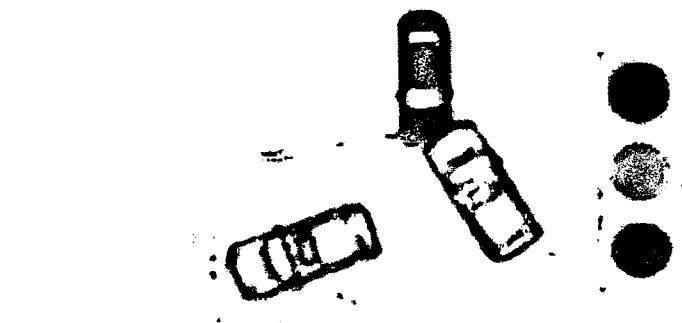


I will provide video:  
1. car(1) and car(3)  
all took wrong road  
2. when the accident is  
happening. other cars  
from four roads were  
all stopped in front  
traffic light. People's  
left turn was green.

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

DISPATCHED

RECEIVED



RECEIVED

S	1	2	3	4	5	6	7
1	2	3	4	5	6	7	8
2	3	4	5	6	7	8	9



## Texas Department of Transportation

125 EAST 11TH STREET, AUSTIN, TEXAS 78701-2483 | WWW.TXDOT.GOV

Thu, 19 December 2024

STATE OF TEXAS      §

This is to certify that I, Jim Markham, am employed by the Texas Department of Transportation (Department); that I am the Custodian of Motor Vehicle Crash Records for such Department; that the attached is a true and correct copy of the peace officer's report filed with the Department referred to in the attached request with the crash date of Fri, 27 September 2024, which occurred in Harris County; that the investigations of motor vehicle crashes by peace officers are authorized by law; that this Texas Peace Officer's Crash Report is required by law to be completed and filed with this Department; that this report sets forth matters observed pursuant to duty imposed by law as to which matters there was a duty to report, or factual findings resulting from an investigation made pursuant to authority granted by law.

Jim Markham  
Director, Crash Data & Analysis Section  
Traffic Safety Division  
125 East 11<sup>th</sup> Street  
Austin, TX 78701-2483





## Texas Department of Transportation

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Jim Markham  
Director, Crash Data & Analysis Section  
Traffic Safety Division  
125 East 11<sup>th</sup> Street  
Austin, TX 78701-2483





# CITY OF HOUSTON

John Whitmire, Mayor

Houston Police Department

1200 Travis Houston, Texas 77002-6000 713/308-1600

CITY COUNCIL MEMBERS: Amy Peck Tarsha Jackson Abbie Kamin Carolyn Evans-Shabazz, Ed. Fred Flickinger Tiffany D Thomas Mary Nan Huffman Mario Castillo Joaquin Martinez Edward Pollard Martha Castex-Tatum Julian Ramirez Willie Davis Twila Carter Letitia Plummer, DDS. Sallie Alcorn CITY CONTROLLER: Chris Hollins

March 6, 2025

J. Noe Diaz, Jr.  
Chief of Police



Ms. Hong Yang  
9409 Fondren Road  
Houston, TX 77074

Issue # 62543-2025

Ms. Yang,

The Central Intake Office of the Houston Police Department's Internal Affairs Division has reviewed your statement of complaint regarding the incident in which you were alleged to have been involved. We appreciate your having brought this matter to our attention.

At this point, the accident is a civil case. Given the legal complexities associated with civil accident cases-including liability determination, negotiation with insurance companies, and the potential need for court representation - it is strongly recommended that you retain an experienced attorney to represent your interests. An attorney can provide legal guidance, ensure your rights are protected and advocated on your behalf to seek fair compensation.

The issues described by you do not support an allegation of misconduct on the part of a member of the Houston Police Department; therefore, it will require no further inquiry by the Internal Affairs Division at this time.

All documentation related to the above reference number will remain on file. If you have any additional questions or concerns, please refer to the above "Issue Record" number on any correspondence and/or phone calls.

Sincerely,

Q. Vo, Sergeant  
Internal Affairs Division



Unit 6

Notification -- Emergency Detention

NO. 367277

Date: 1/22/2025 Time: 1926 P.M.

**THE STATE OF TEXAS  
FOR THE BEST INTEREST AND PROTECTION OF:**

Yang,Hong/ Asian Female / [REDACTED]

**NOTIFICATION OF EMERGENCY DETENTION**

Now comes J.Herrera, a peace officer with (name of agency) Houston Police  
Department, of the State of Texas, and states as follows:

1. I have reason to believe and do believe that (name of person to be detained)  
Yang,Hong evidences mental illness.

2. I have reason to believe and do believe that the above-named person evidences a substantial risk of serious harm to himself/herself or others based upon the following:

Consumer stated that she has been diagnosed with depression but is not taking any medication.

Consumer stated that she is hearing voices, is paranoid about people including her ex boyfriend and random drivers on the road wanting to kill her and she is in fear. Consumer stated that she has attempted suicide in the past and has been feeling suicidal fo the past few days. Consumer told the reportee that she does not care if she lives or dies.

3. I have reason to believe and do believe that the above risk of harm is imminent unless the above-named person is immediately restrained.

4. My beliefs are based upon the following recent behavior, overt acts, attempts, statements, or threats observed by me or reliably reported to me:

Consumer exhibits signs of suicidal ideation. Consumer is observed to be a threat to herself or others due to her mental state and should be held on an emergency basis.

**NO CHARGES**

5. The names, addresses, and relationship to the above-named person of those persons who reported or observed recent behavior, acts, attempts, statements, or threats of the above-named person are (if applicable):

Clyde Christ (ex-boyfriend) (936-346-9645)

For the above reasons, I present this notification to seek temporary admission to the (name of facility)  
NPC inpatient mental health facility or hospital facility for the detention of (name of person to be detained)  
Yang,Hong on an emergency basis.

6. Was the person restrained in any way? Yes  No

  
PEACE OFFICER'S SIGNATURE

BADGE NO. 8666

Address: 8605 Westplace Dr Zip Code: 77071  
Telephone: 832-394-4700

A mental health facility or hospital emergency department may not require a peace officer to execute any form other than this form as a predicate to accepting for temporary admission a person detained under Section 573.001, Texas Health and Safety Code.

NO. 367277

THE STATE OF TEXAS  
FOR THE BEST INTEREST  
AND PROTECTION OF

Hong Yang

ASIAN F [REDACTED]



## CERTIFICATE OF MEDICAL EXAMINATION

I, the undersigned, a physician as defined in the Texas Health and Safety Code, Section 571.003(18), do hereby certify as follows that:

1. My name is Greg Larimer MD
2. My address is 1502 Taub Loop Houston, Texas 77030
3. This patient was warned by me as to the nonconfidential nature of this examination.
4. I examined Hong Yang (hereinafter referred to as Patient) on the 22 day of January, 2025
5. Patient's address is NPC
6. Patient has been under my care for less than 24 hours
7. The treatment, if any, given by me or administered at my direction to Patient is as follows: Assessment and Evaluation
8. My diagnosis of the physical and mental condition of Patient based upon reasonable medical probability is:  
Psychiatric or Substance Use Diagnosis: Major Depressive Disorder  
Personality Disorder and Intellectual Diagnosis: Deferred  
Medical Diagnosis: None
9. I am of the opinion that Patient is mentally ill and as indicated by an "X" below as a result of that mental illness the examined person is:
  - likely to cause serious harm to himself/herself;
  - likely to cause serious harm to others; or is
    - (i) suffering severe and abnormal mental, emotional, or physical distress;
    - (ii) experiencing substantial mental or physical deterioration of his ability to function independently, except for reasons of indigence, to provide for the proposed patient's basic needs; including food, clothing, health, or safety; and
    - (iii) not able to make a rational and informed decision as to whether to submit to treatment.

Furthermore, the detailed factual basis of such opinion is as follows:

- Patient reportedly texted her boyfriend that she was going to kill herself and that she was writing her will
- I am of the opinion that the Patient, because of his/her mental illness, presents a substantial risk of serious harm to self or others if not immediately restrained; that the detailed basis for such as follows:
 

Patient is experiencing a psychiatric emergency, with suicidal and self-harm thoughts, and risks dangerous worsening of condition without urgent psychiatric inpatient treatment.
- Emergency detention is the least restrictive means by which the necessary restraint may be effected, that the facts which form the basis for my medical opinion as to Patient's imminent risk of harm unless immediately restrained are:
 

Patient is current high risk of harm towards self without urgent psychiatric stabilization

SIGNED this 22 day of January, 2025

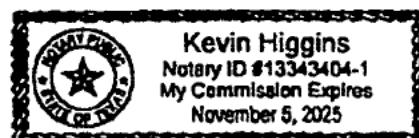
Examining Physician

STATE OF TEXAS  
COUNTY OF HARRIS

Before me, the undersigned authority, on this day personally appeared Greg Larimer MD known to me to be the person whose name is subscribed to the foregoing, and who being by me first duly sworn, on his/her oath made the above and foregoing statements for the purpose therein expressed evidencing the same by his/her signature, to certify which I have affixed my hand and seal of office, this the 22 day of January, 2025

Notary Public in and for the State of Texas

Revision 5/14/99



# AFTERCARE/DISCHARGE PLAN PART II

(To be completed by Social Services)

ADMIT DATE:	DISCHARGE DATE:	TIME OF DISCHARGE:	
DISCHARGE STATUS: <input checked="" type="checkbox"/> HOME <input type="checkbox"/> HOSPITAL <input type="checkbox"/> HAMA <input type="checkbox"/> OTHER			
DISCHARGE DESTINATION:			
<input type="checkbox"/> HOME WITH:	<input type="checkbox"/> INPATIENT FACILITY:	<input type="checkbox"/> RESIDENTIAL:	
<input type="checkbox"/> NURSING HOME:	<input type="checkbox"/> SHELTER:	<input type="checkbox"/> GROUP HOME:	
<input type="checkbox"/> OTHER:			
MODE OF TRANSPORT: <input type="checkbox"/> SELF (private vehicle) <input type="checkbox"/> FAMILY MEMBER NAME/RELATIONSHIP _____			
<input type="checkbox"/> AMBULANCE <input type="checkbox"/> BUS <input type="checkbox"/> TAXI <input type="checkbox"/> POLICE/DETENTION STAFF <input type="checkbox"/> FACILITY TRANSPORTATION			
<input type="checkbox"/> OTHER			
FOLLOW-UP APPOINTMENTS			
NAME/FACILITY	ADDRESS	PHONE NUMBER	APPT DATE/TIME
MD:	1101 S. Almeda	713-707-7000	2/25/25 - 11:00
THERAPIST:	1101 S. Almeda		713-707-7000
PHP/IOP:	1101 S. Almeda		713-707-7000
OTHER:			
OTHER AFTERCARE SERVICES/REFERRALS			
<input type="checkbox"/> AA/NA	<input type="checkbox"/> SUPPORT GROUP	<input type="checkbox"/> SCHOOL/EDUCATION	
<input type="checkbox"/> OTHER:	ALCOHOL/SUBSTANCE USE TREATMENT <input type="checkbox"/> N/A <input type="checkbox"/> PT REFUSED	<input type="checkbox"/> REFERRAL MADE TO: _____	
SAFETY CONCERN: If weapons, lethal medications or other lethal means of self harm are present in the patient's home, have they been removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Date:	Name or person contacted: Luis	Response:	No Safety Concerns
Copy of Suicide Prevention Handouts given? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Copy of Community Resources given? <input type="checkbox"/> Yes <input type="checkbox"/> No	
TOBACCO CESSATION REFERRAL: <input type="checkbox"/> N/A- pt has not used tobacco <input type="checkbox"/> referral offered/pt refused			
<input type="checkbox"/> referral to Quitline made Date: _____ Time: _____			
Other Tobacco Cessation Referral:			
FAMILY INVOLVEMENT Was family meeting held? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> N/A Date: _____ /Time: _____			
If no, why not: _____ Participants: _____			
For patients being transferred to another treatment facility, complete the following:			
<input type="checkbox"/> the following elements were discussed with the receiving facility on _____			
1. 24-hour/7-day contact information 2. Contact information for pending studies 3. Plan for follow-up care 4. Site for follow-up care			
PATIENT UNDERSTANDING OF DISCHARGE PLAN			
<input type="checkbox"/> The patient was clinically unstable or the patient/caregiver was unable to comprehend the information			
<input type="checkbox"/> Patient/Family able to verbalize discharge instructions	<input type="checkbox"/> Patient/family verbalizes understanding of when/how to seek further treatment	<input type="checkbox"/> Educational materials provided to patient re: _____	
I have received a copy of my transition record (part 1-5) and authorize a copy of my transition record (part 1-5) to be provided to my aftercare provider listed above for the purpose of ongoing treatment.			
Patient: _____ Signature: _____	Date: 1/25/25 Time: 11:00 AM		
Parent/Guardian(If Applicable): _____ Signature: _____	Date: 1/25/25 Time: 11:00 AM		
Social Worker/Therapist: _____ Signature: _____	Date: 1/25/25 Time: 11:00 AM		

## TRANSITION RECORD PART 2

**BEHAVIORAL  
HOSPITAL**  
BELLAIRE

5314 Dashwood Drive Suite 200  
Houston, TX 77081-4603  
(713) 600-9500 BH3-137 (03/23)

PATIENT: YANG, HONG  
M# 000045326  
[REDACTED] 061 F  
6150179-0010 01/23/2025  
K. HUGHES MD

Behavioral Hospital of Bellaire  
5314 Dashwood Drive  
Suite 300  
Houston, TX 77081  
RETURN SERVICE REQUESTED



To pay by credit or debit card, please visit  
<https://bhbhospital.com/pay-bill/>  
For Account Information, Please Call (713) 600-9546  
We accept Visa, MasterCard, Discover, and American Express  
Patient Name: YANG HONG

Admit/Discharge Date(s): 01/23/2025 - 01/31/2025

STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NO.
02/11/2025	0.00	61501790010
Due By: 02/26/2025 PAGE: 1 of 1	SHOW AMOUNT PAID HERE	\$

Stmt ID#: 1576114559

165643-166  
YANG HONG  
9409 FONDREN RD  
HOUSTON TX 77074-6825  
0015 015231

Behavioral Hospital of Bellaire  
5314 DASHWOOD DR STE 300  
HOUSTON TX 77081-4603

165643-166

Please check box if above address is incorrect or insurance information  
has changed, and indicate change(s) on reverse side.

## STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH  
YOUR PAYMENT IN ENCLOSED ENVELOPE

Total Charges	Total Adjustments	Total Insurance Payments	Total Patient Payments
16000.00	-9088.00	0.00	0.00

C1      YOUR INSURANCE HAS BEEN BILLED AND ANY SELF PAY PORTION IS DUE AT THIS TIME.

Statement Date	Account Number	Patient Name	Admit Date	Discharge Date
02/11/2025	61501790010	YANG HONG	01/23/2025	01/31/2025
Total Balance: 6912.00				

PLEASE PAY

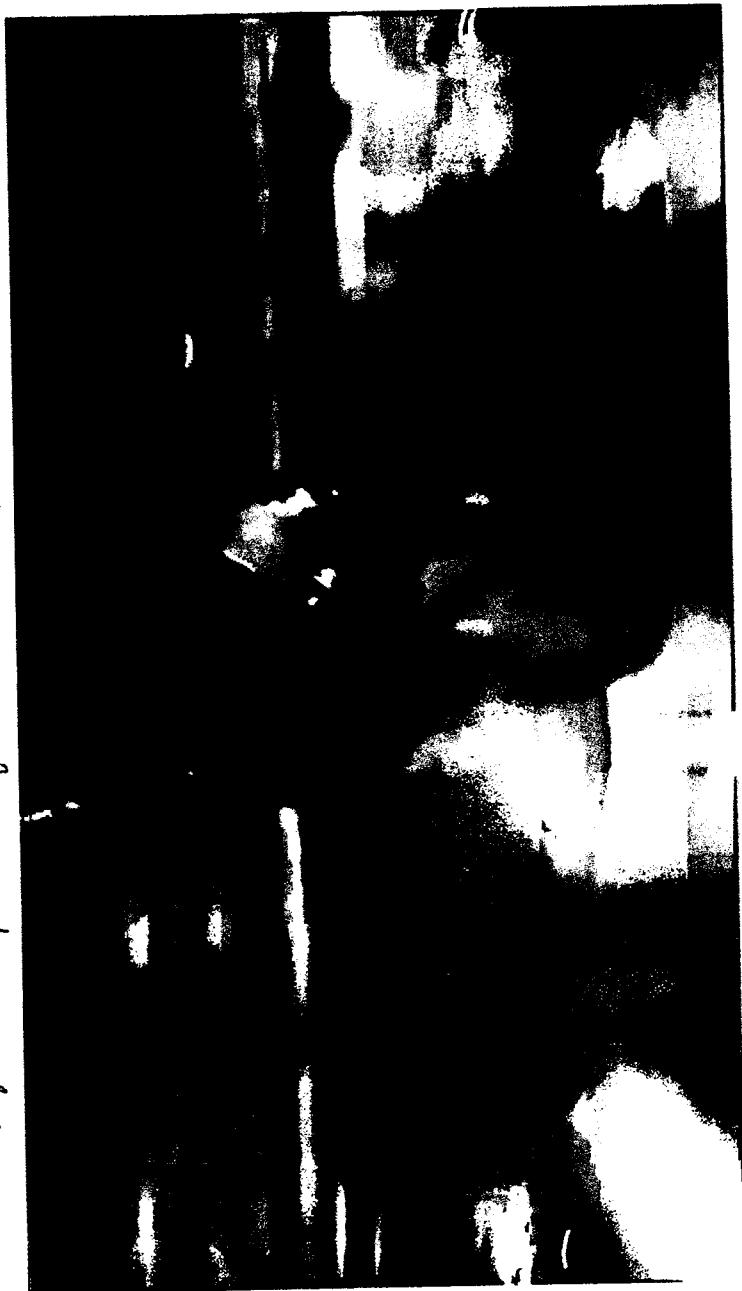
0.00

Due By: 02/26/2025

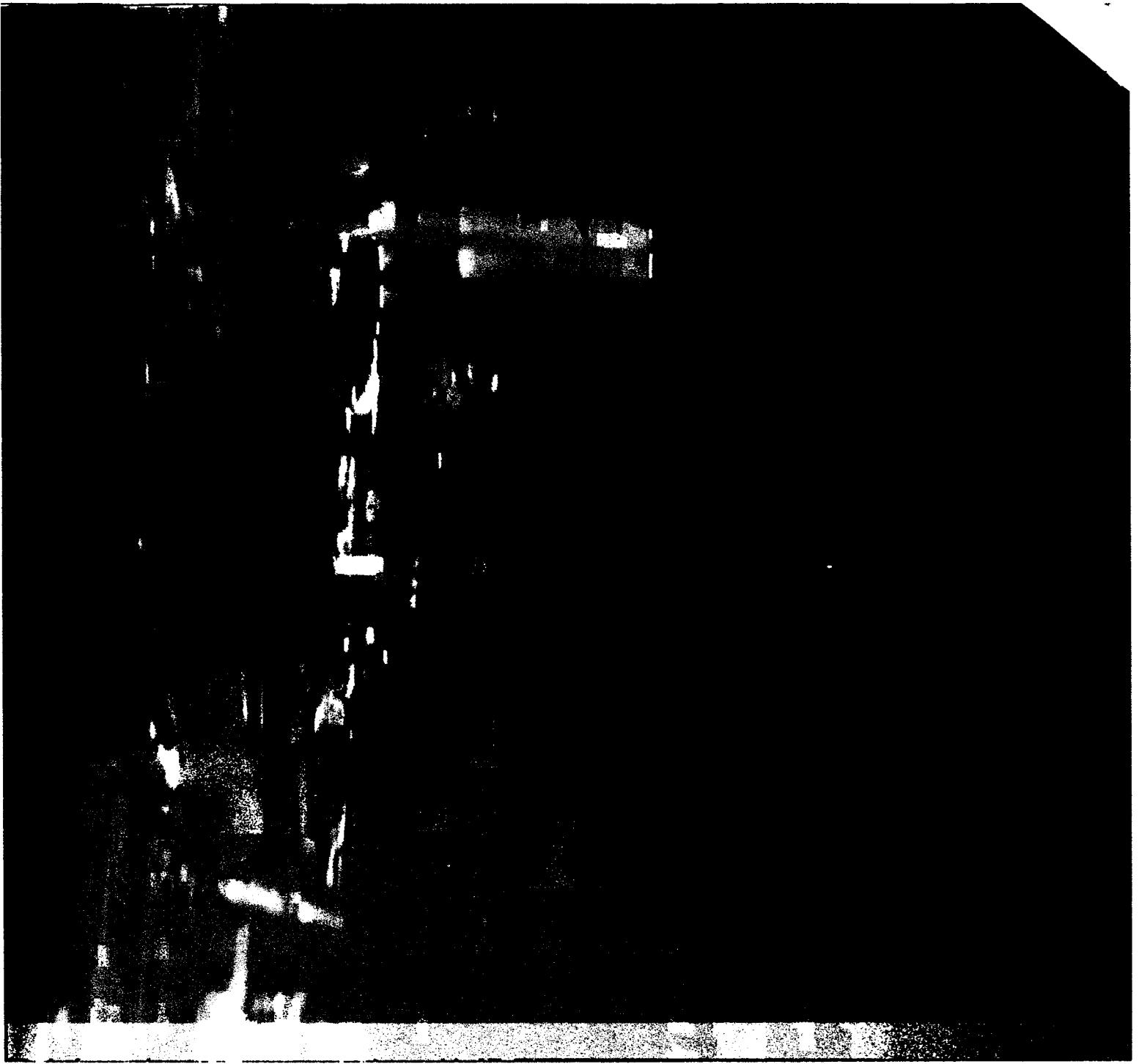


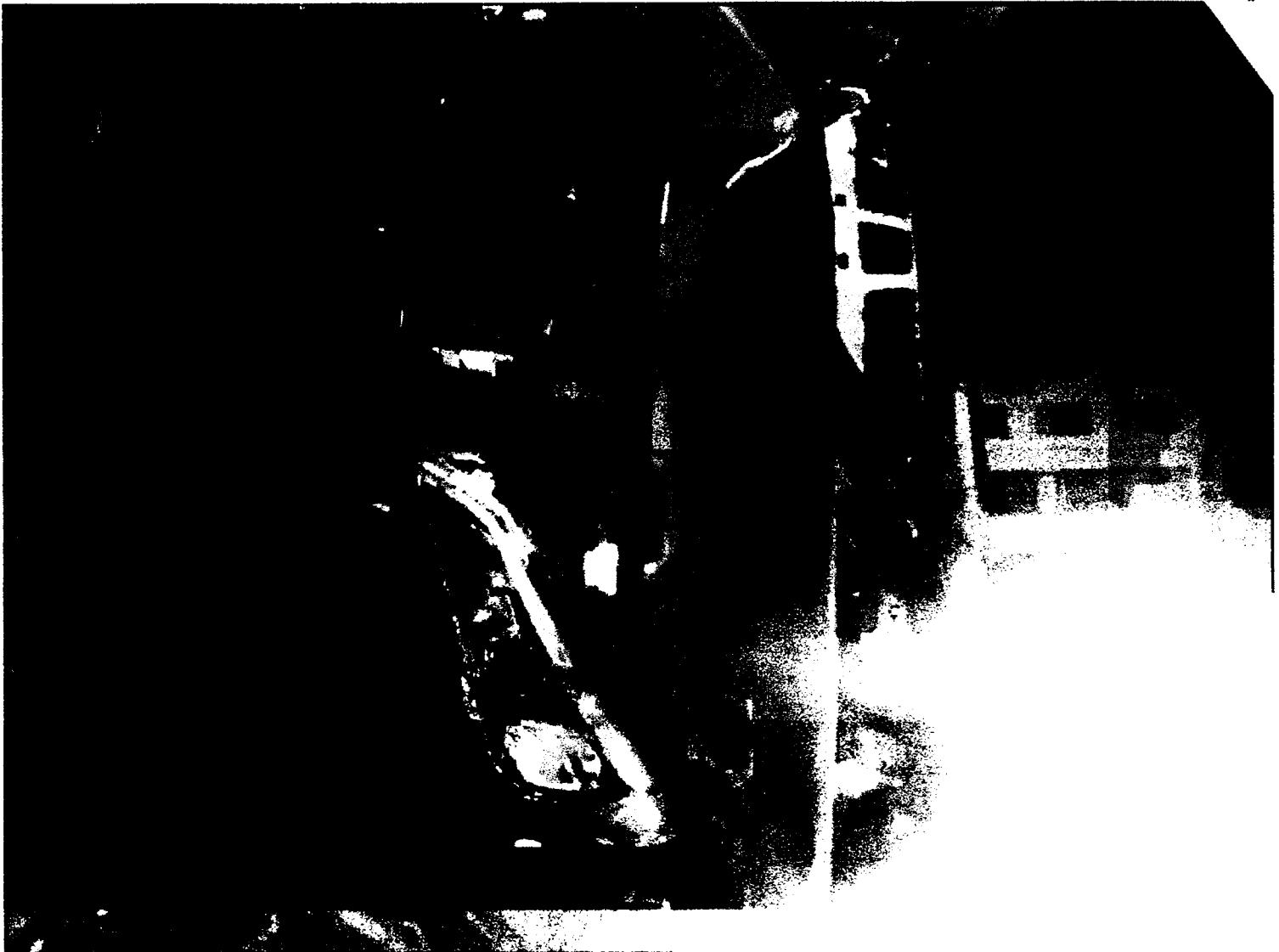






The young girl drove a red car then and not me.  
Then the car continued then and stopped opposite cross  
the road in front of a parking lot.

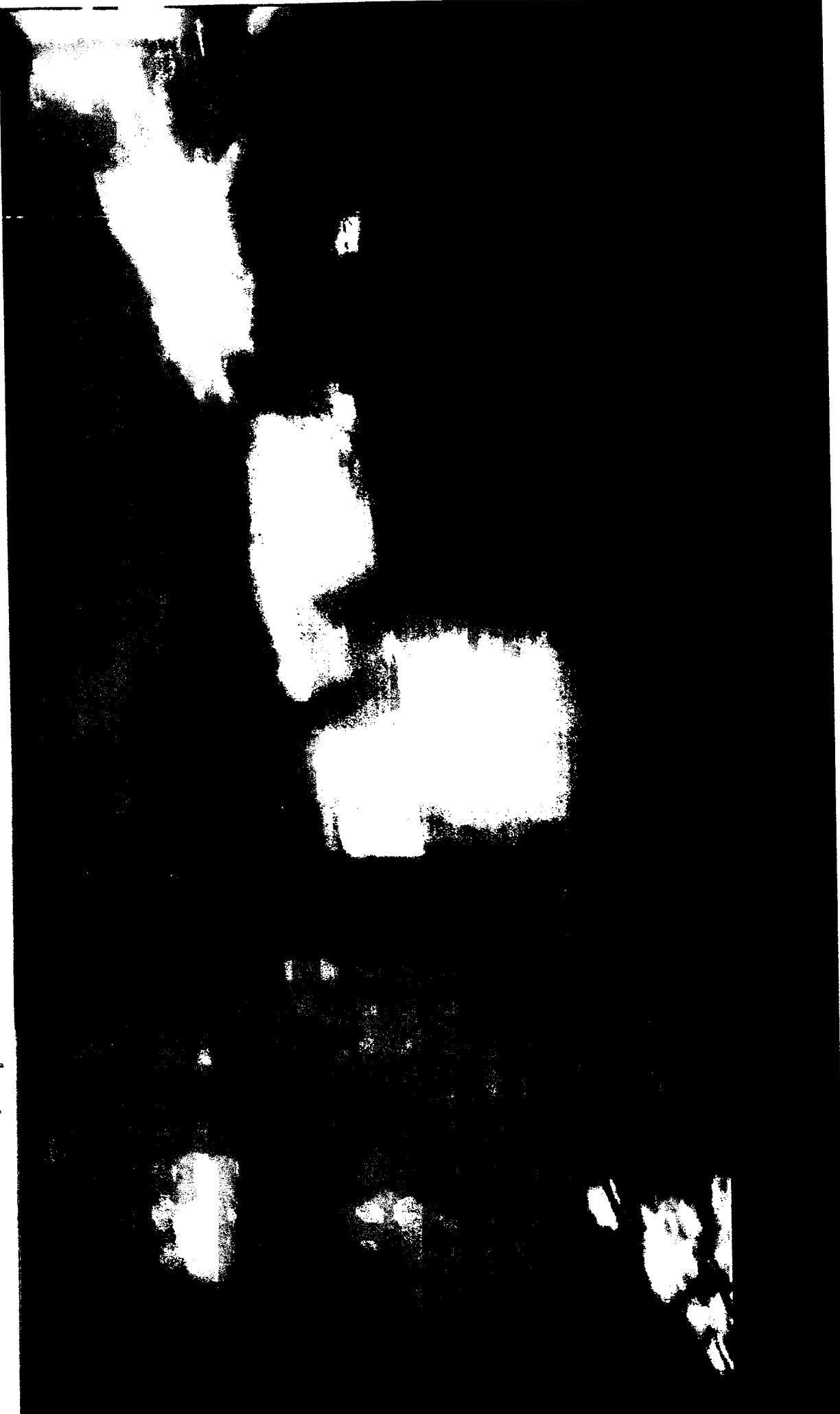




The driver kept screaming for about 40 min  
police found that her car had more than ten  
after the collision, and there was no emergency b  
no trace of brakes on the ground. I didn't c  
her for drunk driving or drug testing.

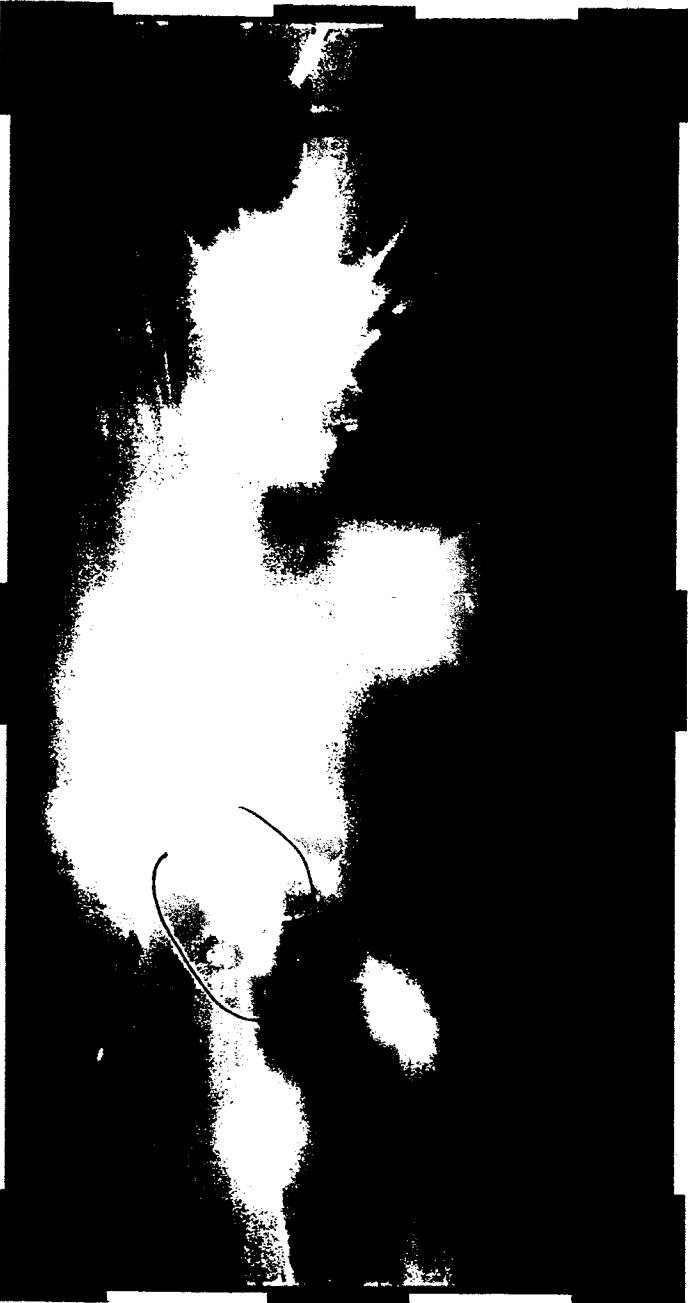


Car <1> <Driver>  
They were stayed at accident location over an hour.  
Until I was send to hospital, they were still there.  
I have asked her if she like to be my witness but she never talked to me.

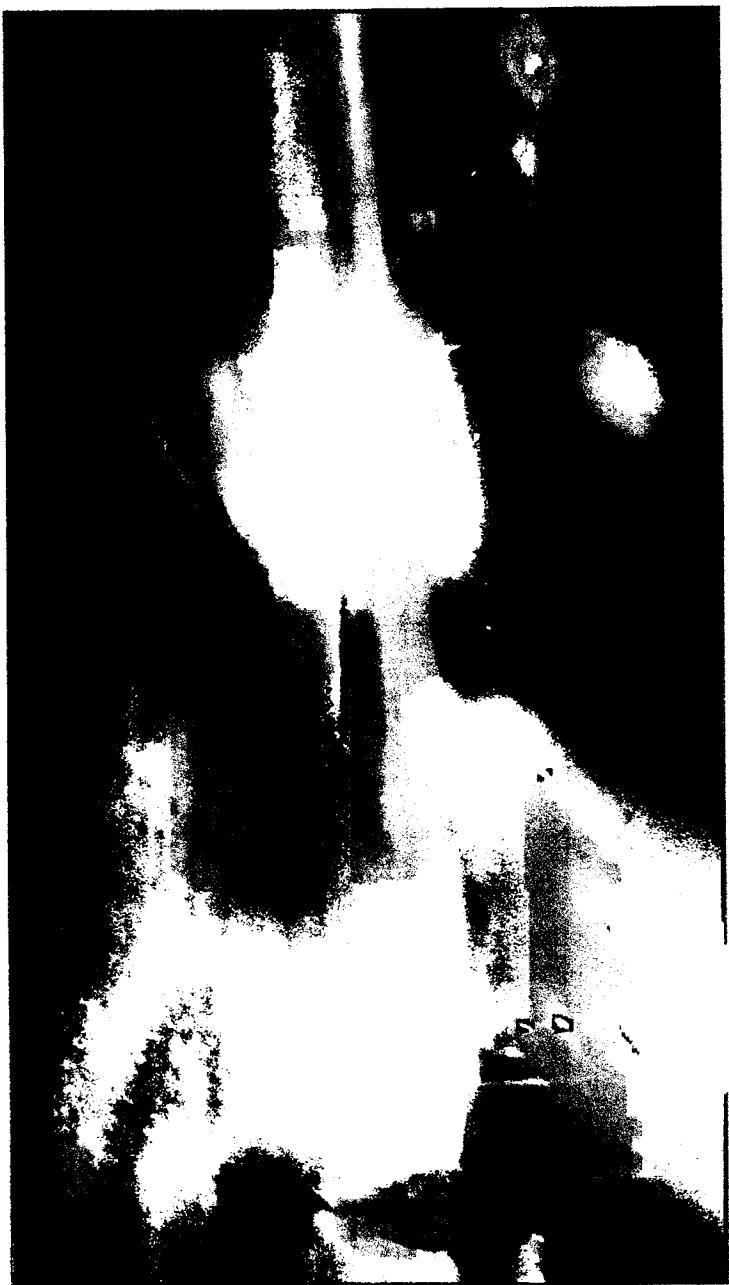


Overl, plate NO: CON - 0065  
(or comp)





The map from police report was that Cor(2), my car  
the police report draw after accident my car located at retrograde, and I marked  
"Wrong map." From the building on the right, you can see  
my car on the right of the road



This photo shows more clearly that a line on the center.  
and a lady was standing another side of the road.

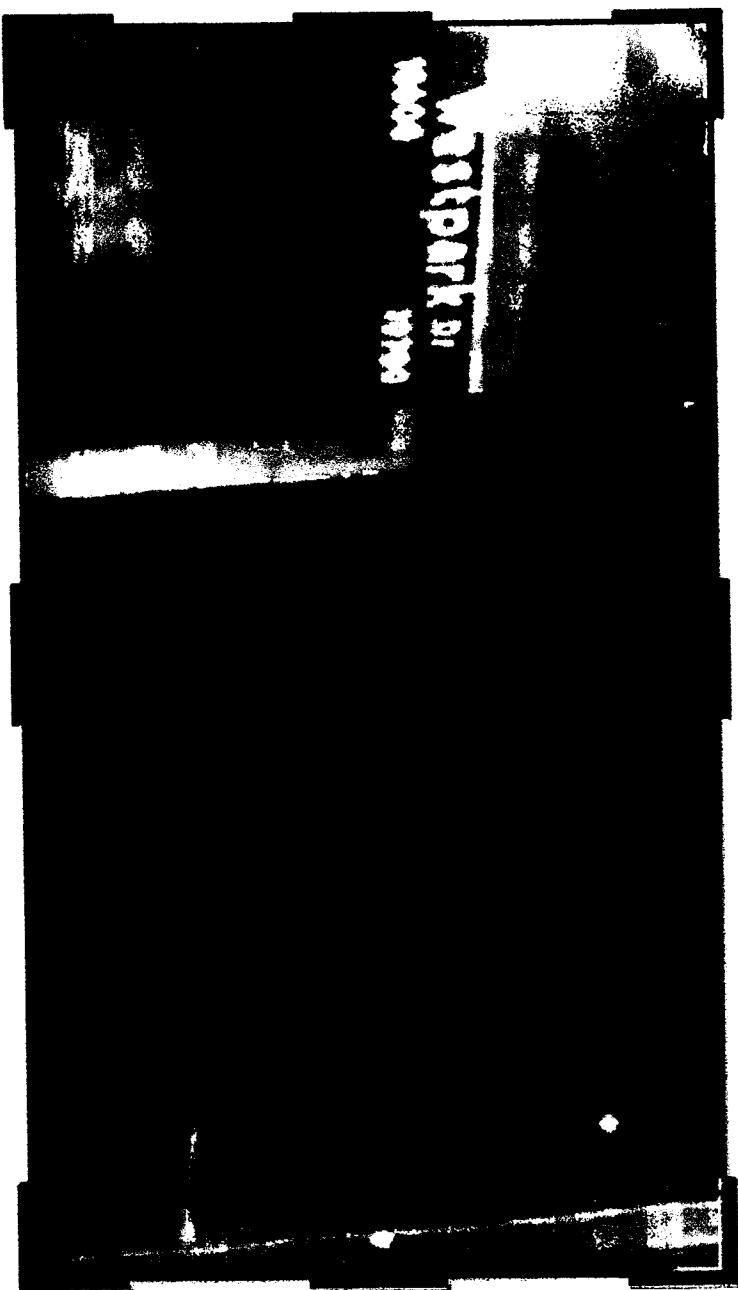


There were about 20 police officers arrived. I don't know any name except the officer who wrote the police report. who provided from City of Houston. Here I only can provide some photos.

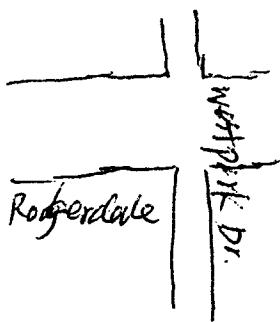








The accident was happening between Rogeredale Road  
and Westpark Dr.



If the red car ~~were~~ was not hit my car, the red car was still from  
this road. This Photo is from my video.



Rogerdale

↑  
west park.